

REPORT OF RECEIPTS AND DISBURSEMENTS
For an Authorized Committee
(Summary Page)

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|---|------------------------------------|--|
| C00236513 ARNOLD LINHARDT ENGEL FOR CONGRESS 462 CALIFORNIA RD. BRONXVILLE, NY 10708 | XXXXXXXXXXXXX NY/17 | 2. FEC IDENTIFICATION NUMBER C00236513 3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
|---|------------------------------------|--|

4. TYPE OF REPORT

| | |
|--|---|
| <input type="checkbox"/> April 15 Quarterly Report <input type="checkbox"/> July 15 Quarterly Report <input type="checkbox"/> October 15 Quarterly Report <input type="checkbox"/> January 31 Year End Report <input type="checkbox"/> July 31 Mid-Year Report | <input type="checkbox"/> Twelfth day report preceding _____ election on _____ in the State of _____ <input type="checkbox"/> Thirtieth day report following the General Election on <u>11-07-00</u> in the State of <u>NY</u> <input type="checkbox"/> Termination Report |
|--|---|

activity for ☐ Primary Election ☒ General Election ☐ Special Election ☐ Runoff Election

SUMMARY

| 5. Covering Period <u>10-19-00</u> through <u>11-27-00</u> | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|--|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (from Line 11(e)) | \$51,942.74 | \$760,665.81 |
| (b) Total Contribution Refunds (from Line 20(d)) | | |
| (c) Net Contributions (Line 6(b) from Line 6(a)) | \$51,942.74 | \$760,665.81 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | \$77,777.78 | \$791,890.18 |
| (b) Total Offsets to Operating Expenditures (from 14) | | \$3,736.45 |
| (c) Net Operating Expenditures (Line 7(a) - Line 7(b)) | \$77,777.78 | \$788,153.73 |
| 8. Cash on Hand at Close of Reporting Period (Line 27) | \$40,145.20 | Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 |
| 9. Debts and Obligations Owed TO the Committee | | |
| 10. Debts and Obligations Owed BY the Committee | | |
| I certify that I have examined this report and it is correct and complete. | | |

Type or Print Name of Treasurer
DEBBY LINHARDT

Signature of Treasurer

Deby Linhardt

Date

12/5/00

NOTE: Submission of false, erroneous, or incomplete information may subject signer to penalties.

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FEC FORM 3